

**UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF PENNSYLVANIA**

Eric Kashkashian

(In the space above enter the full name(s) of the plaintiff(s).)

- against -

Dr. John Marky

Terrence Moore

Josh Buchanan

Christina C. Cregar

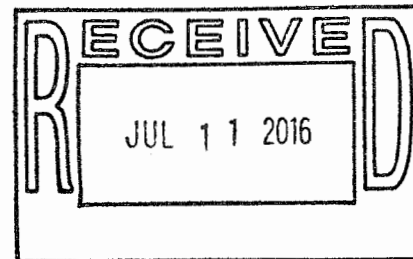
Christina A. King

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

**I. Parties in this complaint:**

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name Eric Kashkashian  
ID # 106419  
Current Institution Bucks County Corrections  
Address 1730 South Easton Road  
Doylestown PA 18901



**16 3755**

**COMPLAINT**

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)

Jury Trial: ☒ Yes ☐ No  
(check one)

e  
t  
a  
l

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name Dr John Marky Shield # Doctor  
Where Currently Employed \_\_\_\_\_  
Address 1730 South Easton Road  
Doylestown PA 18901

Defendant No. 2 Name Terrence Moore Shield # Warden  
Where Currently Employed Bucks County Corrections  
Address 1730 South Easton Road  
Doylestown PA 18901

Defendant No. 3 Name Josh Buchanan Shield # P.D.  
Where Currently Employed Bucks County Corrections  
Address 100 N. Main Street  
Doylestown PA 18901

Defendant No. 4 Name Christine C. Cregar Shield # P.D.  
Where Currently Employed Bucks County Corrections  
Address 100 N. Main Street  
Doylestown PA 18901

Defendant No. 5 Name Christina A. King Shield # P.D.  
Where Currently Employed Bucks County Corrections  
Address 100 N. Main Street  
Doylestown PA 18901

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur? Bucks County Corrections

B. Where in the institution did the events giving rise to your claim(s) occur? Mental Health department, Bucks County Corrections

C. What date and approximate time did the events giving rise to your claim(s) occur? \_\_\_\_\_

October 15, 2015 - October 16, 2015

What  
happened  
to you?

D. Facts: After months of writing inmate request slips to the public defenders department, then the Mental Health department in Bucks County Corrections. On the 15<sup>th</sup> of October, I was called to Dr John Marky of Mental Health departments office, I was told I was being involuntary transferred to Norristown State Hospital. Without a timely notice, by the public defenders or the Corrections services Doctor, that I was "incompetent" there was no hearing, or any released information to the defendant. I was violated of my state protected liberty. In under 12 hours I was transferred, Involuntary. - Under the color of State Law -

Who  
did  
what?

Was  
anyone  
else  
involved?

Who else  
saw what  
happened?

During my stay at Norristown State Hospital, I was assaulted three times, October 22, 2015, and November 8th, 2015. I was assaulted twice, Three times by the same person. I was put in harms way from being transferred. Along with my rights being violated.  
- Dr. John Marky, Terrence Moore, Josh Buchanan -  
- Christina C. Cregar, Christina A. King -

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. \_\_\_\_\_

I sustained hand injuries, hip displacement, during the assault.

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a

prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Bucks County Correction, Norristown  
State Hospital

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☐ No ☐ Do Not Know ☒

- C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☐ Do Not Know ☒

If YES, which claim(s)? \_\_\_\_\_

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☐ No ☒

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☒ No ☐

- E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

Norristown State Hospital/about the assault

1. Which claim(s) in this complaint did you grieve? being assaulted  
being involuntary transferred.

2. What was the result, if any? Zero

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

N/A Clerk of Courts  
Appeal for Involuntary Transfer (Motion).

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

I was already transferred to the State Hospital

I could not take action due to transfer.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

Dr Marky, I asked "why had NO one tell me any information. He had no response.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. **Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount).

Compensation lists as follows:  
One Million (1,000,000) dollars, per every time my  
14<sup>th</sup> Amendment was violated (I count SIX times) = 6,000,000."  
dollars

Dr. Marky, three Million (3,000,000.) No notice, No hearing,  
Information withheld, 3-counts = (3,000,000) dollars

Public defenders department, three Million (3,000,000.) dollars  
No notice, No hearing, Information withheld, 3-counts

Four Million (4,000,000) dollars, pain, suffering, Mental anguish

Total = Ten Million (10,000,000) dollars

Vitek v. Jones 445 U.S. 480, 494-95, 100 S.Ct 1254  
1264-65 63 L.Ed 2d 552, 566 (1980) Under Vitek the  
State must adequately protect your liberty interests  
in the Transfer process

Vitek v. Jones 445 U.S. 110 S.Ct 1028, 108 L.Ed 2d 178 (1980)  
see eg. Washington v. Harper 494 U.S. 210 235 110 S.Ct 1028, 1044  
108 L.Ed 2d, 178, 207 (1990)

Palbon v. Wright 459 F.3d 241 (2d Cir 2006)

Total = Ten Million (10,000,000) dollars

#### VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes \_\_\_ No X

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format. )

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

On  
these  
claims

4. Name of Judge assigned to your case \_\_\_\_\_
5. Approximate date of filing lawsuit \_\_\_\_\_
6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_  
If NO, give the approximate date of disposition \_\_\_\_\_
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

On  
other  
claims

C. Have you filed other lawsuits in state or federal court?

Yes \_\_\_\_ No X

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number \_\_\_\_\_

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_ No \_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

Signed this 7 day of July, 2016.

Signature of Plaintiff \_\_\_\_\_

Inmate Number 106419

Institution Address

Bucks County Corrections  
1730 S. Easton Road  
Doylestown, PA 18901

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 7 day of July, 20 16, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff

A handwritten signature in black ink, consisting of several overlapping, stylized strokes, written over a horizontal line.



**VERIFICATION**

I verify that the foregoing is true and correct, to the best of my knowledge, information and belief. I understand that false statements herein, are made subject to the penalties of 18 Pa. C.S.A. §4904 (relating to unsworn falsification to authorities)

Respectfully submitted,

Date:

7/6/16

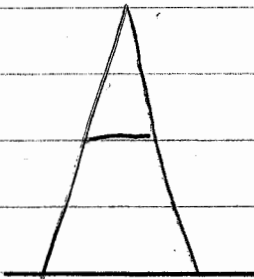
(Print name)

Eric Kashkashian

(Inmate No.)

106419

EXHIBIT



Mental Health evaluation

I was found to be competent



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

Date: March 11, 2015

**Competency Evaluation**

Re: Eric Kashkashian

Dear Honorable Judge Hoge:

At your request, I performed a psychiatric evaluation of the defendant, Eric Kashkashian at the Bucks County Correctional Facility on Sunday, March 8, 2015. My examination of him began at approximately 1:00 pm and ended at approximately 2:00 pm. The purpose of this evaluation was to determine his competence to stand trial.

Prior to my examination of him, I reviewed the several documents that you sent. They consisted of:

1. Outpatient competency evaluation referral.
2. Court order for competency evaluation, signed by Judge Hoge.
3. Police Criminal Complaint.
4. Correctional Facility Medical Records.

At the beginning of my examination of the defendant, I explained the purpose of the examination, and that my findings would not be confidential. I explained that my findings would be released to you, and could be referenced in any hearings that might occur. I informed Mr. Kashkashian that I would not be involved in his treatment. I explained that the usual doctor-patient confidentiality does not apply to this examination. The following are my findings and conclusions regarding the psychiatric evaluation of this defendant.

**Identifying Data:**

The defendant is a 38 year old, Caucasian, single male. He said he had no children. He was dressed in a prison jumpsuit, and had a picture ID wristband.

**Data Regarding Competence to Stand Trial:**

The following is the information given to me by the defendant during this examination in response to the questions I asked him.

Eric Kashkashian

Competency Evaluation

7

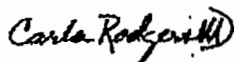
Conclusions:

The following are my conclusions regarding this defendant, to a reasonable degree of medical certainty, based upon the above history and findings. It should be noted that Mr. Kashkashian carries multiple diagnoses. I think the most appropriate one is schizo-affective disorder because he has irritable mood and pressured speech, along with delusions about the police.

1. It is my judgment that this defendant presently does have the ability to understand the proceedings against him. He was adequately able to describe the charges against him, the possible sentence he faces, the roles of the various people in the courtroom, the process of plea bargaining, and the part he plays in his trial.
2. It is my judgment that this defendant presently does have the ability to assist in the preparation of his defense regarding the criminal action against him. This is less clear, however, since he is delusional about the police lying about him. He was, however, able to entertain the idea of a plea agreement, if suggested by his PD. He was able to think clearly in a consistent manner. He is able to answer questions appropriately most part of the time, although he did refuse a number of questions. He was able to carry on a normal conversation except when talking about the injustice he felt he experienced. He was able to relate to me appropriately in today's examination. He is able to put his thoughts into words.
3. Based upon above two conclusions, it is my judgment that this defendant presently is psychologically and medically competent to stand trial. There is a caveat, however, which is that he is not currently on medications for his mental disorder, and could conceivably deteriorate. This deterioration might manifest as disorganization, or an increase in his level of paranoia or both

If I can address any further issues for you, or clarify any questions, I will be glad to do so in writing or on the record. Thank you for the opportunity to examine this interesting case and to address these interesting questions; I do give you my consent to release this report to any appropriate party concerned with this particular legal matter.

Respectfully submitted,



Carla Rodgers, MD  
Board Certified in General Psychiatry and Forensic Psychiatry

EXHIBIT

B



Court of Common Pleas  
Bucks County, Pennsylvania

Commonwealth of Pennsylvania  
v.

Bill No. 3277-2015  
2803-2015

Eric Kashtarian

Motion for appeal for involuntary transfer.

On Friday, October 16<sup>th</sup> 2015 I was transferred to Norristown State Hospital, 1001 Sterigere St Norristown, PA 19401

On the 15<sup>th</sup> of October 2015, Dr Marky of the Bucks County Corrections mental Health department called me to his office, letting me know I would be transferring to Norristown State Hospital on the 16<sup>th</sup> of October because I was found incompetent per his evaluation. The public defenders office failed to inform me I was found incompetent, along with the Doctors.

Nor the public defenders office or the doctors offered me information or options, like staying Bucks County Corrections and taking the recommended medication. Per Palbon V Wright 459 F.3d 241 (2d Cir 2006) holding

that prisoners constitutionally protected liberty interest in refusing medical encompasses a right to receive information that would enable a reasonable person to make that decision. *Vitek v. Jones*, 445 U.S. 110 S.Ct 1028, 108 L. Ed 2d 178 (1980) see eg *Washington v. Harper* 494 U.S. 210 235 110 S.Ct 1028, 1044, 108 L. Ed 2d 178, 207, (1990) reviewing a Washington State policy which required a hearing and notice of that hearing. A hearing and written notice are two common examples of procedures that may be required including before a prisoner can be involuntarily committed to a psychiatric hospital. *Vitek v. Jones*, 445 U.S. 480, 494-95, 100 S.Ct 1254 1264-65 63 L. Ed 2d 552, 566 (1980) Under *Vitek* the state must adequately protect your liberty interests in the transfer process by providing

1. Written notice that the prison is considering your transfer

2. A hearing

3. An opportunity to present witness testimony and cross-examine state witnesses at the hearing

4. An independent decision maker

5. A written statement by the decision maker stating the reasons and evidence relied on for your transfer.

6. "Qualified and independent assistance" from the state if you can not afford you own.

7. effective and timely notice.

In March or April of 2015, I was given a mental health evaluation before my preliminary hearings by an unknown doctor. I was found competent.

In June or July of 2015, the public defenders office filed for yet another mental health evaluation from the courts. This time a Doctor John Marky provided the evaluation from the Bucks County Corrections mental health department. Who I believe is bias due to his conduct. I complied to yet another evaluation, but protested with "WHY".



I would also like to include that I wrote to the public defenders office before the preliminary hearing and after, more than 25 times trying to speak with someone. In June I met and spoke to Josh Buchanan of the public defenders office for less than 5 minutes, he let me know they were putting both of my cases 2803-2015 and 3277-2015 together. I told him I did not want that, "no" this is not the best option. Due to not having my full discovery, They put the cases together anyway. I feel the public defenders office is bias, and is not looking out for my best interests due to conduct.

WHEREFORE, defendant requests this Court to

(A) Order the defendant be brought back to Bucks County Correction, 1730 S. Eastern Rd Doylestown, PA 18901

(B) Appoint new counsel

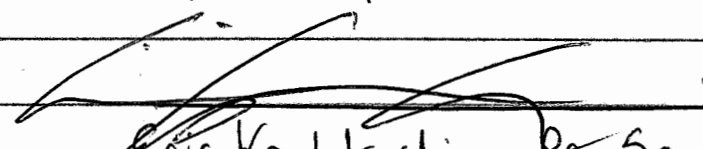
(C) The defendant have the availability to review mental health evaluation done in March or April, whereas, I was found competent, along with other information.

(D) Order hearing, with opportunity to present evidence

(E) IF needed order new evaluation, not done by the Bucks County Corrections mental health department, done by an independent doctor.

Respectfully submitted

11/1/2015

  
Eric Kashkashian, Pro Se

EXHIBIT

C

106419

ALL INMATES FILL IN THIS SECTION

Name (Last, First)

Kashgashian Eric

Date

2/10/15

Module and Cell Number

G21

Admission Date

12/26/14

I would like to see

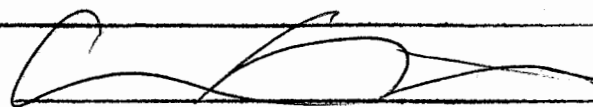
Public defender

I need to see that staff person because

I have my prelim coming up and want to speak with my public defender. Please get in touch with me so we can talk. Thank you

My Pre lim is on the 26th

hpi ~



Signature of Inmate

Do Not Write Below This Line

Date request answered:

Answer:

An attorney has not yet been assigned for your ph next week. If you have a specific question about your case, please write another slip. Otherwise the attorney will meet you at your preliminary hearing.

Referral Sent To:

your preliminary hearing

Return To:

Module & Cell #

Signature of Staff Person



106419

**ALL INMATES FILL IN THIS SECTION**

Name (Last, First)

Kashanian Eric

Date

7/17/15

Module and Cell Number

G-32

Admission Date

12/26/14

I would like to see

Public Defender

I need to see that staff person because

I still have not gotten my Discovery  
I would like to speak with my  
Public defender as ASAP

Thank you

Signature of Inmate

*Do Not Write Below This Line*

Date request answered:

Answer:

Referral Sent To:

Return To:

Module & Cell #

Signature of Staff Person

606 419

## ALL INMATES FILL IN THIS SECTION

Name (Last, First)

KashKashian Eric

Date

8/31/15

Module and Cell Number

G-16

Admission Date

12/26/14

I would like to see

Public defender

I need to see that staff person because

Since the 3rd of July I've sent  
multiple Green slips trying to get in contact  
for my public defender for case #  
CP-001-CR 0008548-2012 Arrest date 11/6/2012

I need a copy of the discovery.



Signature of Inmate

Do Not Write Below This Line

Date request answered:

Answer:

Sent Discovery

Referral Sent To:

Return To:

Module &amp; Cell #

Signature of Staff Person

106419

## ALL INMATES FILL IN THIS SECTION

Name (Last, First)

Kashkashian Eric

Date

9/17/15

Module and Cell Number

G-22

Admission Date

12/26/14

I would like to see

Public defender

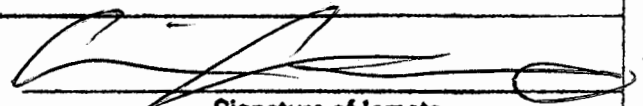
I need to see that staff person because

I want to get evidence for my case.

Phone records

Bank records

Hospital records

this is my 20th greenslip about  
talking to public defender

Signature of Inmate

Do Not Write Below This Line

Date request answered:

Answer:

Referral Sent To:

Return To:

Module &amp; Cell #

Signature of Staff Person

106414

## ALL INMATES FILL IN THIS SECTION

Name (Last, First)

Kashkashian Eric

Date

9/16/15

Module and Cell Number

G-22

Admission Date

12/26/14

I would like to see

Dr Markby

I need to see that staff person because

I'd like to speak with you  
if you could get up a time to talk that  
would be great.

Signature of Inmate

Do Not Write Below This Line

Date request answered:

Answer:

You will be seen next week

Referral Sent To:

Return To:

Module &amp; Cell #

Signature of Staff Person



## INMATE REQUEST FORM

B.C.P. Number

106419

## ALL INMATES FILL IN THIS SECTION

Name (Last, First)

KashKashian Eric

Date

9/19/15

Module and Cell Number

G-22

Admission Date

12/26/14

I would like to see

Dr. KarKay / Mental Health

I need to see that staff person because

the Dr.

I'd like to speak with

Eric

Signature of Inmate

Do Not Write Below This Line

Date request answered:

Answer:

You will be seen this week

Referral Sent To:

Return To:

Module &amp; Cell #

Signature of Staff Person

106419

## ALL INMATES FILL IN THIS SECTION

Name (Last, First)

Kashkashian Eric

Date

9/30/15

Module and Cell Number

C-22

Admission Date

12/26/14

I would like to see

Dr. Markby

I need to see that staff person because

the Dr. Please

Id like to speak with

Thank you

Signature of Inmate

Do Not Write Below This Line

Date request answered:

Answer:

Someone will see you soon

Referral Sent To:

Return To:

Module &amp; Cell #

Signature of Staff Person